

Debtor 1 **Ralph E. Sanders**
 First Name Middle Name Last Name Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|-------------|--|--|---|
| Case title | <u>Bobbye Rives vs. Ralph Sanders</u> | Superior court of County of Orange Court Name 700 Civic Center Drive, West Number Street Santa Ana CA 92701 City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number | <u>30-2016-00863391</u> | | |
| Case title | <u>Larnita Pette vs. Ralph Sanders</u> | Superior Court of San Diego Cnty Court Name 220 & 330 W. Broadway Number Street San Diego CA 92101 City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number | <u>37-2015-00015654</u> | | |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.**

No. Go to line 11.

Yes. Fill in the information below.

| Describe the property | Date | Value of the property |
|--|------|-----------------------|
| <u>Creditor's Name</u> | | \$ _____ |
| <u>Number Street</u> | | |
| <u>City</u> <u>State</u> <u>ZIP Code</u> | | |
| Explain what happened | | |
| <input type="checkbox"/> Property was repossessed. | | |
| <input type="checkbox"/> Property was foreclosed. | | |
| <input type="checkbox"/> Property was garnished. | | |
| <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Describe the property | Date | Value of the property |
| <u>Creditor's Name</u> | | \$ _____ |
| <u>Number Street</u> | | |
| <u>City</u> <u>State</u> <u>ZIP Code</u> | | |
| Explain what happened | | |
| <input type="checkbox"/> Property was repossessed. | | |
| <input type="checkbox"/> Property was foreclosed. | | |
| <input type="checkbox"/> Property was garnished. | | |
| <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1 Ralph E. Sanders
First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took

Date action
was taken

Amount

Creditor's Name _____

Number Street _____

\$ _____

City _____ State _____ ZIP Code _____

Last 4 digits of account number: XXXX- _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600
per person

Describe the gifts

Dates you gave
the gifts

Value

Person to Whom You Gave the Gift _____

\$ _____

Number Street _____

\$ _____

City _____ State _____ ZIP Code _____

Person's relationship to you _____

Gifts with a total value of more than \$600
per person

Describe the gifts

Dates you gave
the gifts

Value

Person to Whom You Gave the Gift _____

\$ _____

Number Street _____

City _____ State _____ ZIP Code _____

Person's relationship to you _____

Debtor 1 Ralph E. Sanders
First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name _____

_____ \$ _____

_____ \$ _____

Number Street _____

City State ZIP Code _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any insurance coverage for the loss

Date of your
loss

Value of property
lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

_____ \$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment

Person Who Was Paid _____

\$ _____

Number Street _____

\$ _____

City State ZIP Code _____

Email or website address _____

Person Who Made the Payment, if Not You _____

Debtor 1 Ralph E. Sanders
First Name Middle Name Last Name Case number (if known) _____

| Description and value of any property transferred | | | Date payment or transfer was made | Amount of payment |
|---|--------|----------|-----------------------------------|-------------------|
| Person Who Was Paid | | | _____ | \$ _____ |
| Number | Street | _____ | _____ | \$ _____ |
| City | State | ZIP Code | _____ | \$ _____ |
| Email or website address | | | _____ | \$ _____ |
| Person Who Made the Payment, if Not You | | | _____ | \$ _____ |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

| Description and value of any property transferred | | | Date payment or transfer was made | Amount of payment |
|---|--------|----------|-----------------------------------|-------------------|
| Person Who Was Paid | | | _____ | \$ _____ |
| Number | Street | _____ | _____ | \$ _____ |
| City | State | ZIP Code | _____ | \$ _____ |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

| Description and value of property transferred | | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--------|----------|--|------------------------|
| Person Who Received Transfer | | | _____ | _____ |
| Number | Street | _____ | _____ | _____ |
| City | State | ZIP Code | _____ | _____ |
| Person's relationship to you | | | _____ | _____ |
| Person Who Received Transfer | | | _____ | _____ |
| Number | Street | _____ | _____ | _____ |
| City | State | ZIP Code | _____ | _____ |
| Person's relationship to you | | | _____ | _____ |

Debtor 1 Ralph E. Sanders
First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer
was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

| Name of Financial Institution | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------------------------------|---------------------------------|--|--|---|
| Number Street | XXXX-_____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| City State ZIP Code | | | | |
| Name of Financial Institution | XXXX-_____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| Number Street | | | | |
| City State ZIP Code | | | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

| Name of Financial Institution | Who else had access to it? | Describe the contents | Do you still have it? |
|-------------------------------|----------------------------|-----------------------|---|
| Number Street | Name | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| City State ZIP Code | | | |

Debtor 1 Ralph E. Sanders
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Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

| | Who else has or had access to it? | Describe the contents | Do you still have it? |
|--------------------------|-----------------------------------|-----------------------|------------------------------|
| Name of Storage Facility | Name | | <input type="checkbox"/> No |
| Number Street | Number Street | | <input type="checkbox"/> Yes |
| | | | |
| City State ZIP Code | | | |
| City | State | ZIP Code | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

| | Where is the property? | Describe the property | Value |
|---------------------|------------------------|-----------------------|----------|
| Owner's Name | | | \$ _____ |
| Number Street | Number Street | | |
| | | | |
| City State ZIP Code | City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

| | Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | Number Street | | |
| | | | |
| City State ZIP Code | City State ZIP Code | | |
| City | State | ZIP Code | |

Debtor 1 **Ralph E. Sanders**
 First Name Middle Name Last Name

Case number (if known) _____

26. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|-------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | _____ |
| Number Street | Number Street | _____ |
| City | State ZIP Code | _____ |
| City | State ZIP Code | _____ |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|-----------------|---------------------|--|
| Case title | Court Name | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Number Street | City State ZIP Code | _____ |
| Case number | City State ZIP Code | _____ |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

ROBBIE BOBBY
 Business Name HOUSING INC.
1251 W BISHOP
 Number Street

SANTA ANA, CA
 City 92703 State ZIP Code

Business Name
 Number Street

 City _____ State _____ ZIP Code _____

Describe the nature of the business
PROVIDE LOW IN-COME HOUSING FOR SELF-SUFFICIENT SENIORS AND DISABLED

Name of accountant or bookkeeper
CAROL BAKER VOLUNTEER

Describe the nature of the business

Name of accountant or bookkeeper

Employer identification number
 Do not include Social Security number or ITIN.
 EIN: 47-4762391

Dates business existed
 From 8/15 To

Employer identification number
 Do not include Social Security number or ITIN.

EIN: Dates business existed
 From To

| | | | | |
|---|-------------------------|-------------|-----------|--|
| Debtor 1 | Ralph E. Sanders | | | Case number (if known) _____ |
| | First Name | Middle Name | Last Name | |
| Business Name | | | | Describe the nature of the business |
| Number Street | | | | Name of accountant or bookkeeper |
| City _____ State _____ ZIP Code _____ | | | | Employer identification number Do not include Social Security number or ITIN. |
| | | | | EIN: _____ |
| | | | | Dates business existed |
| | | | | From _____ To _____ |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

| | |
|---------------|----------------------------|
| Name _____ | MM / DD / YYYY |
| Number Street | |
| City _____ | State _____ ZIP Code _____ |

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.


 Ralph E. Sanders

Signature of Debtor 1



Signature of Debtor 2

Date 01/25/2017

Date _____

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person Grady Vickers

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

WENETA M.A. KOSMALA, TRUSTEE
3 MacArthur Place, Suite 760
Santa Ana, CA 92707
Telephone: (714) 708-8190
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING
OF CREDITORS AND APPEARANCE
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to **March 23, 2017 at 11:01 AM** in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

documents outstanding; notice waived
2015 TAX RETURNS (RETURN)
CHASE BANK STATEMENTS 11/1/16 - PRESENT (RETURN)

Dated: March 16, 2017

/s/ WENETA M.A. KOSMALA

WENETA M.A. KOSMALA
Chapter 7 Trustee



I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.



I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 3/16/17.

/s/ David M. Fitzgerald
David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE
3 MacArthur Place, Suite 760
Santa Ana, CA 92707
Telephone: (714) 708-8190
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING
OF CREDITORS AND APPEARANCE
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to **April 13, 2017 at 11:01 AM** in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

UPLOAD COPY OF BOBBYE J. RIVES TRUST AND ACCOUNTING, DISPOSITION AND PURPOSE FOR ALL MONIES PAID TO/FROM DEBTOR FROM THE TRUST
COPIES OF ALL CHECK RECEIVED FROM TRUST DISTRIBUTIONS
UPLOAD BANK STATEMENTS ALL ACCOUNTS 1/1/15 TO PRESENT INCLUDING RB HOUSING, CHASE, BOBBYE J. RIVES TRUST, CONTINENTAL CURRENCY; BANK OF AMERICA
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT
ALL DOCUMENTS RE DISPOSITION AND PURPOSE OF ALL MONIES RECEIVED FROM TRUST DISBURSEMENTS
AMEND SCHEDULE B ITEM 32 AND SOFA ITEM 5
ALL ATTORNEY STATEMENTS & BILLS
CHART OF HOW ALL MONIES FROM TRUST WERE SPENT

Dated: March 27, 2017

/s/ WENETA M.A. KOSMALA
WENETA M.A. KOSMALA
Chapter 7 Trustee

I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.

I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 3/27/17.

/s/ David M. Fitzgerald
David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE
3 MacArthur Place, Suite 760
Santa Ana, CA 92707
Telephone: (714) 708-8190
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING
OF CREDITORS AND APPEARANCE
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to **April 27, 2017 at 10:01 AM** in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

PURPOSE FOR ALL MONIES PAID TO/FROM DEBTOR FROM THE BOBBYE J. RIVES
COPIES OF ALL CHECKS RECEIVED FROM TRUST DISTRIBUTIONS
UPLOAD CHASE BANK STATEMENTS ROBBIE BOBBYE HOUSING INC 4/30/16 - 8/31/16 AND
12/31/16 - PRESENT ALL ACCOUNTS
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT
AMEND SCHEDULE B ITEM 32 AND SOFA ITEM 5
CHART OF HOW ALL MONIES FROM TRUST WERE SPENT
ALL ATTORNEY INVOICES AND LEDGERS
BANK STATEMENTS REFLECTING PAYMENTS TO ATTORNEYS, OR A DETAILED
ACCOUNTING FOR CASH PAYMENTS. INCLUDING ACCOUNTING FOR SOURCE OF FUNDS
ALL DOCS RE WITHDRAWALS FROM ROBBIE BOBBYE HOUSING INC., INCLUDING: \$6,300
ON 4/23/16 - \$4,780 ON 10/4/16 - \$5,710 ON 11/7/16 - \$2,150 ON 11/7/16
COPY OF LOANME APPLICATION
COPIES OF DEPOSITS INTO ROBBIE BOBBYE HOUSING INC. (COPIES OF CHECKS AND
RECEIPTS)
ALL DOCUMENTS RE TERMS OF DEBTOR'S COMPENSATION

Dated: April 17, 2017

/s/ WENETA M.A. KOSMALA

WENETA M.A. KOSMALA
Chapter 7 Trustee



I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.



I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 4/17/17.

/s/ David M. Fitzgerald

David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE
3 MacArthur Place, Suite 760
Santa Ana, CA 92707
Telephone: (714) 708-8190
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

In re:

Sanders, Ralph E

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Chapter 7

NOTICE OF CONTINUED MEETING
OF CREDITORS AND APPEARANCE
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to **May 25, 2017 at 10:02 AM** in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

Off calendar; documents outstanding; notice e-mailed
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT (received
residential lease agreement 4/11/17 that has nothing to do with Debtor's property management agreement)
AMEND STATEMENT OF FINANCIAL AFFAIRS ITEM 5 AND 27

Dated: May 02, 2017

/s/ WENETA M.A. KOSMALA

WENETA M.A. KOSMALA
Chapter 7 Trustee



I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.



I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 5/2/17.

/s/ David M. Fitzgerald
David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE
3 MacArthur Place, Suite 760
Santa Ana, CA 92707
Telephone: (714) 708-8190
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING
OF CREDITORS AND APPEARANCE
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to **June 19, 2017 at 10:02 AM** in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

off calendar; documents outstanding; notice e-mailed
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT (received
residential lease agreement 4/11/17 that has nothing to do with Debtor's property management agreement)
AMEND STATEMENT OF FINANCIAL AFFAIRS ITEM 5 and 27

Dated: May 25, 2017

/s/ WENETA M.A. KOSMALA
WENETA M.A. KOSMALA
Chapter 7 Trustee

I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.

I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 5/25/17.

/s/ David M. Fitzgerald
David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE
3 MacArthur Place, Suite 760
Santa Ana, CA 92707
Telephone: (714) 708-8190
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING
OF CREDITORS AND APPEARANCE
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to **July 18, 2017 at 10:02 AM** in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

Off calendar; documents outstanding
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT (received
residential lease agreement 4/11/17 that has nothing to do with Debtor's property management agreement)
AMEND STATEMENT OF FINANCIAL AFFAIRS ITEM 5 and 27

Dated: June 20, 2017

/s/ WENETA M.A. KOSMALA
WENETA M.A. KOSMALA
Chapter 7 Trustee



I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.



I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 6/20/17.

/s/ David M. Fitzgerald
David M. Fitzgerald

LAW OFFICES OF
ROCHELLE & GRIFFITH
A LIMITED LIABILITY PARTNERSHIP

1991 VILLAGE PARKWAY, SUITE 105
ENCINITAS, CALIFORNIA 92024
TELEPHONE (760) 944-9901
FACSIMILE (760) 944-9902

September 16, 2014

To whom it may concern

Re: Bobby J. Rives

Dear Sir or Madam:

I was the attorney for Bobby J. Rives who passed away on September 14, 2014. I assisted Ms. Rives in the preparation of her estate plan that included a Will and a Living Trust known as the Bobby J. Rives Trust dated November 30, 2011 (the "Trust").

Due to the death of Ms. Rives, the current Trustees of the Trust are Ralph Sanders and Beverly Murray-Calcote. Ralph Sanders and Beverly Murray-Calcote are also the Executors under Ms. Rives Will. Please be advised that they and they alone have complete control over all real property, personal property and other assets of the Trust or that were otherwise owned by Ms. Rives.

Further, please be advised that Ms. Rives daughter, Larmita ("Nita") Ann Pette, has no control over any of the Trust assets or real property under any circumstances. She also has no right to access Ms. Rives residence. Ms. Pette and Ms. Rives have had a contentious relationship that has included calls to Adult Protective Services and Temporary Restraining Orders against Ms. Pette.

Any effort of Ms. Pette to assert control over any of the assets of the Trust or the estate of her mother or to gain access to Ms. Rives residence are against the express wishes of Ms. Rives and are contrary to her estate planning documents and the law.

Please feel free to contact me should you have any questions. You may also contact the Co-Trustees, Ralph Sanders (714-262-8378) or Beverly Murray-Calcote (310-985-1501) for further information concerning the Trust or Ms. Rives.

Sincerely,

Russell E. Griffith

Bxh -2

Date: July 12th 2015

To whom it may concern:

From: Edward and Jacinta Kirkman

359, Cerro Street, Encinitas CA, 92024

Telephone: 858 480 9013

email: edward.c.kirkman@gmail.com

Ed and Jacinta Kirkman, with three of their children, moved in next door to John and Bobbye Rives in October, 1999.

John and Bobbye were friendly and considerate neighbors.

John Rives died in January 2008. It was at the funeral of John that we first met Ralph Sanders and Larnita Pette. It was at this first meeting with Larnita that she told me it should have been her mother who died, not her father. I put this down to grief, but subsequent behavior has suggested something more deep rooted.

Over time Bobbye's daughter Larnita moved down from Northern California and stayed with her mother.

The relationship was a stormy one and in November 2012 we were very upset to see Bobbye taken away in her nightgown, her hands handcuffed above her head, and strapped to a gurney by Encinitas police. Apparently Larnita had arranged for Bobbye to be forcibly taken to Scripps mental unit for a three day psychological evaluation. When Bobbye came home she told us that the psychiatrist had told her that her mental health was fine, but that Larnita was a danger to her, and that Larnita should not be in the same house. Of course Bobbye was very upset and shocked. Bobbye asked Larnita to leave her house and changed all the locks.

By April 2013 Larnita had started coming around to visit Bobbye again, and over the summer moved back in to her mother's home.

During this time Ralph Sanders and Beverly Calcote were frequently in contact with us regarding Bobbye's welfare. Unfortunately, as I had suffered a heart attack and did not wish to be aggressively confronted by Larnita regarding Bobbye, we rarely went into Bobbye's home.

In March 2014, Bobbye's water heater failed and Larnita asked me to tell Bobbye that she had to call a plumber. At this stage Bobbye had become quite frail.

In July 2014, Bobbye told us that Larnita had been arrested. Adult protective services were involved and a TRO was granted against Larnita, who was again removed from Bobbye's house. After this event Bobbye said she wanted to sell her house and go into assisted living.

Ralph and Beverly made frequent calls to us and visits to Bobbye over the next month, but Bobbye was distraught over Larnita's behavior towards her, especially as she told us she still loved Larnita, despite everything. The ongoing problems between Bobbye and Larnita were clearly very detrimental to Bobbye's well-being, they played on her mind continuously, and despite repeated attempts by Adult Protective Services, Ralph, and Beverly to help, Bobbye's outlook did not improve.

In early September 2014 Jacinta received a call from Beverly to say she thought Bobbye was unwell and asking us to go and check on Bobbye while Beverly drove down to Encinitas.

When we got access, we found Bobbye on a couch in her garage looking very sick. She told us that she had caught a gastric bug over the weekend. We called Emergency services and Bobbye was taken to a local hospital. Other than two visits to the hospital, this was the last time we saw Bobbye, because about two weeks later Ralph called us to say that unfortunately, during rehabilitation, Bobbye had died.

Over this whole episode we found Beverly and Ralph to always have done whatever they could to help their Aunt, driving long distances and making frequent calls and visits.

We were completely amazed by the Law Suit brought by Larnita Pette, as despite all her attempts, she was never able to provide the support that Bobbye needed, and has now chosen to make completely unjust claims against Ralph and Beverly.

Yours sincerely,

Edward C. Kirkman

Jacinta M. Kirkman

Edward C. Kirkman
Jacinta M. Kirkman

Pingfeng Du, MD, PhD

345 Saxony Rd, Ste 202
Encinitas, CA 92024-2787
(760) 230-6660

Diplomate, American Board of Internal Medicine & Cardiovascular Diseases
Additional Board Certifications: Echo Cardiology, Nuclear Cardiology, Cardiovascular Computed Tomography

Sept 15, 2014

To Whom It May Concern,

We have been seeing Ms. Bobbye J. Rives for cardiovascular treatment since 2013. From a medical standpoint, Ms. Bobbye J Rives is mentally capable of making her own decisions. We have noted that she has a history of a strained relationship with her daughter.

Thank you.



Best,
Pingfeng Du, MD, PhD

PINGFENG DU, MD, INC • 345 SAXONY ROAD, SUITE 202, ENCINITAS CA 92024-2787

RIVES, BOBBYE J (id #398, dob: 10/23/1927)

Medical Records - CONFIDENTIAL

From: CA - Pingfeng DU, M.D., Inc

To: Paper

Name: RIVES, BOBBYE J

DOB: 10/23/1927

Date Range: to 09/28/2015

This document contains the following records of the patient:

- Encounters and Procedures

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

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[ID:398-A-7706]

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 06/16/2014

Patient

| | | | |
|-----------|--|-----------------|----------------------|
| Name | RIVES, BOBBYE (86, F) ID# 398 | Appt. Date/Time | 06/16/2014 10:30AM |
| DOB | 10/23/1927 | Service Dept. | PINGFENG DU, MD, INC |
| Provider | PINGFENG DU, MD | | |
| Insurance | Med Primary: MEDICARE B-CA: SOUTHERN - NORIDIAN Insurance #: 458341576A Referring Provider Name : CAVA, NOLI Med Secondary: WPS - TRICARE FOR LIFE (MEDICARE SUPPLEMENT) Insurance #: 243208885 Prescription: CMX - Member is eligible. details | | |

Problems

Reviewed Problems

- Diabetes mellitus
- Pure hypercholesterolemia
- Benign essential hypertension
- Coronary arteriosclerosis - s/p Taxus stent 3.0x20mm in mLAD 03/2007 after CHF exacerbation, s/p staged Cypher stent 3.0x18mm in mL CX 03/2007. SPECT 1/2013
- Ischemic congestive cardiomyopathy - LVEF 45-50% by Echo 07/2007
- Bifascicular block - RBBB and LAFB

h/o normocytic anemia with normal EGD/colonoscopy 2007

Right renal artery ostial 30% stenosis by cath 2007

Hearing loss

Chief Complaint

established patient

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

| Name | Date |
|--|---------------------|
| amlodipine 10 mg-benazepril 20 mg capsule | 12/06/12 filled |
| atorvastatin 40 mg tablet Take 1 tablet(s) every other day by oral route. | 03/23/14 filled |
| BD Ultra Fine Lancets 33 gauge TEST 3-4 TIMES A DAY | 02/14/14 filled |
| furosemide 20 mg tablet | 12/17/12 filled |
| glipizide ER 5 mg tablet, extended release 24 hr TAKE 1 TABLET TWICE A DAY | 05/11/14 filled |
| Invokana 100 mg tablet | 05/23/14 filled |
| Istalol 0.5 % eye drops | 12/17/13 filled |
| Januvia 50 mg tablet | 11/12/12 filled |
| Lumigan 0.01 % eye drops INSTILL 1 DROP IN BOTH EYES EVERY NIGHT AT BEDTIME | 02/04/14 filled |
| metoprolol succinate ER 25 mg tablet,extended release 24 hr Take 1 tablet(s) every day by oral route. | 06/12/14 prescribed |
| One Touch Ultra Test strips TEST 3-6 TIMES A DAY (NEEDS OFFICE VISIT) | 05/16/14 filled |
| pantoprazole 40 mg tablet,delayed release | 03/14/14 filled |

61684

| | |
|--|-----------------|
| prednisolone acetate 1% eye drops,suspension | 03/27/14 filled |
| Simbrinza 1%-0.2% eye drops,suspension | 01/06/14 filled |
| Tradjenta 5 mg tablet | 05/29/14 filled |
| WelChol 625 mg tablet | 06/12/14 filled |
| Zetia 10 mg tablet | 04/22/14 filled |
| Zioptan (PF) 0.0015% eye drops in a dropperette | 02/07/14 filled |

Patient's Pharmacies

CVS/PHARMACY #9135 (ERX): 129 NORTH EL CAMINO REAL, ENCINITAS CA 92024, Ph (760) 942-2269, Fax (760) 942-6722

Patient's Care Team

Referring Provider (Primary Insurance): CAVA, NOLI

Primary Care Provider: NOLI CAVA: 1933 CABLE ST, SAN DIEGO, CA 92107, Ph (619) 221-4490, Fax (619) 221-4494

Past Medical History

Discussed Past Medical History

Surgical History

Reviewed Surgical History
no colonoscopy recently

Family History

Discussed Family History

Social History

Discussed Social History

Cardiology

Marital status: Widowed.
Number of children: 1.

Diet: Regular.

Smoking Status: Former smoker Unsure of how long of smoking: light smoker.

Alcohol intake: None.

Caffeine intake: None.

Illicit drugs: None.

General stress level: Low.

Occupation: retired.

Exercise: Used to walk for 2 miles a couple of days in a week; Stopped this year due to difficulty ambulating

HPI

No CP, SOB or palpitation.

Still having issue with her daughter at home. Social worker involved.

ROS

None recorded.

Vitals

Ht: 5 ft 1 in 06/16/2014
01:31 pm

Wt: 133 lbs 06/16/2014
01:31 pm

BMI: 25.1 06/16/2014
01:31 pm

BP: 130/60 sitting L
arm 06/16/2014
01:36 pm

Pulse: 80 bpm regular
06/16/2014 01:34 pm

Physical Exam

Patient is an 86-year-old female.

Constitutional: General Appearance: well-nourished, well-developed, and appears stated age. Level of Distress: comfortable.

Psychiatric: Mental Status: alert and normal affect. Orientation: oriented to time, place, and person. Insight: good judgement.

Eyes: Lids and Conjunctivae: no discharge, pallor, xanthelasma, or arcus senilis and non-injected and anicteric.

16

Neck: Neck: supple, FROM, trachea midline, and no masses. Carotid Arteries: no bruits or thrills and bilateral normal upstroke. Jugular Veins: normal jugular venous pressure.

Lungs: Respiratory Effort: unlabored. Chest Exam: no thoracic deformity or chest wall tenderness and normal curvature. Percussion: resonant. Auscultation: no wheezing, rales, or rhonchi and clear.

Cardiovascular: Precordial Exam: no heaves or precordial thrills and non displaced focal PMI. Rate And Rhythm: regular. Heart Sounds: no rub, gallop, or click and normal S1 and physiologically split S2. Systolic Murmur: not heard. Diastolic Murmur: not heard. Extremities: no cyanosis, edema, or peripheral signs of emboli.

Peripheral Pulses: Posterior Tibialis Pulse normal. Dorsalis Pedis Pulse: normal.

Abdomen: Inspection and Palpation: non distended or tender, no bruit or masses, and soft and normal aorta.

Musculoskeletal: Inspection: no joint tenderness or swelling and no erythema.

Neurologic: Gait: normal gait. Motor: normal strength and tone.

Skin: Inspection and Palpation: warm and dry. Nails: no clubbing.

Assessment / Plan

1. Coronary arteriosclerosis

414.00: Coronary atherosclerosis of unspecified type of vessel, native or graft

2. Ischemic congestive cardiomyopathy

414.8: Other specified forms of chronic ischemic heart disease

- ECHOCARDIOGRAM - To be performed on or around 07/14/2014

3. Diabetes mellitus

250.00: Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled

- HBA1C (HEMOGLOBIN A1C), BLOOD

4. Benign essential hypertension

401.1: Benign essential hypertension

5. Bifascicular block

426.53: Other bilateral bundle branch block

6. Pure hypercholesterolemia

272.0: Pure hypercholesterolemia

- CBC W/ AUTO DIFF
- CMP, SERUM OR PLASMA
- LIPID PANEL, SERUM
- TSH, SERUM

Discussion

Discussion Notes

1. IDC: NYHA class II, stable. Check Echo

2. CAD, s/p stent. stable

3. DM2:

4. CKD

5. HC: check FLP

6. RTO 4 months

7. Eye sight getting worse: going to see her ophthalmologist in July 2014.

Return to Office

- to see Pingfeng du, MD for ECHOCARDIOGRAM at PINGFENG DU, MD, INC on or around 07/14/2014
- Pingfeng du, MD for ESTABLISHED at PINGFENG DU, MD, INC on 08/12/2014 at 11:00 AM
- to see Pingfeng du, MD for ESTABLISHED at PINGFENG DU, MD, INC on or around 10/16/2014

QM

Provider: pdu

Programs: Cardiac Care Guidelines, MU Medicare - Year 2 - 2014 (Stage 1), PQRS 2014

Last updated 06/16/2014

| Measure | Status |
|----------------------------|------------|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| Antihyperlipidemic Therapy | Satisfied |
| Antiplatelet Therapy | Needs Data |

| | |
|--|------------|
| Antithrombotic Use | Needs Data |
| Blood Pressure Screening | Satisfied |
| BMI Screening and Follow-Up | Satisfied |
| BP Control (140/90) | Satisfied |
| Complete Lipid Profile | Needs Data |
| Documentation of current medications | Satisfied |
| HTN: Improvement in blood pressure | Needs Data |
| Influenza immunization (MU) | Needs Data |
| LDL-C Control | Needs Data |
| LDL-C Screening | Needs Data |
| Provide patient information | Satisfied |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Send reminders for preventive/follow-up care | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |
| Tobacco Use Inquiry | Satisfied |
| Up-to-date problem list | Satisfied |

Encounter Sign-Off

Encounter signed-off by Pingfeng du, MD, 06/16/2014.

Encounter performed by Pingfeng Du, MD

Encounter scribed for Pingfeng Du, MD by Pingfeng Du, MD

Encounter reviewed & signed by Pingfeng Du, MD on 06/16/2014 at 11:05am

Encounter Date: 04/10/2014

Patient

| | | | |
|-----------|--|-----------------|----------------------|
| Name | RIVES, BOBBYE (86, F) ID# 398 | Appt. Date/Time | 04/10/2014 10:30AM |
| DOB | 10/23/1927 | Service Dept. | PINGFENG DU, MD, INC |
| Provider | PINGFENG DU, MD | | |
| Insurance | <p>Med Primary: MEDICARE B-CA: SOUTHERN - NORIDIAN Insurance # : 458341576A Referring Provider Name : CAVA, NOLI Med Secondary: WPS - TRICARE FOR LIFE (MEDICARE SUPPLEMENT) Insurance # : 243208885 Prescription: CMX - Member is eligible.</p> | | |

Problems

Reviewed Problems

- Diabetes mellitus
- Pure hypercholesterolemia
- Benign essential hypertension
- Coronary arteriosclerosis - s/p Taxus stent 3.0x20mm in mLAD 03/2007 after CHF exacerbation, s/p staged Cypher stent 3.0x18mm in mLCA 03/2007. SPECT 1/2013
- Ischemic congestive cardiomyopathy - LVEF 45-50% by Echo 07/2007
- Bifascicular block - RBBB and LAFB

h/o normocytic anemia with normal EGD/colonoscopy 2007

Right renal artery ostial 30% stenosis by cath 2007

Hearing loss

Chief Complaint

established patient

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

| Name | Date |
|--|-----------------|
| amlodipine 10 mg-benazepril 20 mg capsule | 12/06/12 filled |
| atorvastatin 40 mg tablet Take 1 tablet(s) every other day by oral route. | 03/23/14 filled |
| atorvastatin 80 mg tablet | 01/25/13 filled |

| | |
|---|-----------------|
| BD Ultra Fine Lancets 33 gauge TEST 3-4 TIMES A DAY | 02/14/14 filled |
| furosemide 20 mg tablet | 12/17/12 filled |
| glipizide ER 5 mg tablet, extended release 24 hr TAKE 1 TABLET TWICE A DAY | 02/03/14 filled |
| Invokana 100 mg tablet | 02/22/14 filled |
| Istalol 0.5 % eye drops | 12/17/13 filled |
| Januvia 50 mg tablet | 11/12/12 filled |
| Lumigan 0.01 % eye drops INSTILL 1 DROP IN BOTH EYES EVERY NIGHT AT BEDTIME | 02/04/14 filled |
| metoprolol succinate ER 25 mg tablet,extended release 24 hr | 10/25/13 filled |
| One Touch Ultra Test strips TEST 3-6 TIMES A DAY (NEEDS OFFICE VISIT) | 03/10/14 filled |
| pantoprazole 40 mg tablet,delayed release | 03/14/14 filled |
| prednisolone acetate 1 % eye drops,suspension | 03/27/14 filled |
| Simbrinza 1 %-0.2 % eye drops,suspension | 01/06/14 filled |
| Tradjenta 5 mg tablet | 03/08/14 filled |
| WelChol 625 mg tablet | 03/13/14 filled |
| Zetia 10 mg tablet | 01/16/14 filled |
| Zioptan (PF) 0.0015 % eye drops in a dropperette | 02/07/14 filled |

Patient's Pharmacies

CVS/PHARMACY #9135 (ERX): 129 NORTH EL CAMINO REAL, ENCINITAS CA 92024, Ph (760) 942-2269, Fax (760) 942-6722

Patient's Care Team

Referring Provider (Primary Insurance): CAVA, NOLI

Primary Care Provider: NOLI CAVA: 1933 CABLE ST, SAN DIEGO, CA 92107, Ph (619) 221-4490, Fax (619) 221-4494

Surgical History

Reviewed Surgical History
no colonoscopy recently

Family History

Discussed Family History

Social History

Discussed Social History

Cardiology

Marital status: Widowed.

Number of children: 1.

Diet: Regular.

Smoking Status: Former smoker Unsure of how long of smoking: light smoker.

Alcohol intake: None.

Caffeine intake: None.

Illicit drugs: None.

General stress level: Low.

Occupation: retired.

Exercise: Used to walk for 2 miles a couple of days in a week; Stopped this year due to difficulty ambulating

HPI

Saw Dr. Cava yesterday. Lab work at his office yesterday.

She is hard of hearing. communicate with writing in office without problem.

She takes care of her chores, works in the yard. No CP, SOB or palpitation.

Daughter lives with her. She has some issues with daughter. Daughter drove her to our office today. But daughter has good and bad days.

A social worker visited her last month per patient. Daughter was concerned she has dementia and would like to consultation at UCSD. Patient refused.

ROS

None recorded.

Vitals

Ht: 5 ft 0.5 in
04/10/2014 01:40 pm

Wt: 129 lbs 04/10/2014
01:40 pm

BMI: 24.8 04/10/2014
01:40 pm

BP: 142/70 sitting L
arm 04/10/2014
01:42 pm

Pulse: 70 bpm regular
04/10/2014 01:40 pm

Physical Exam

None recorded.

Assessment / Plan

1. Coronary arteriosclerosis

414.00: Coronary atherosclerosis of unspecified type of vessel, native or graft

2. Ischemic congestive cardiomyopathy

414.8: Other specified forms of chronic ischemic heart disease

- ECHOCARDIOGRAM WITH DOPPLER AND COLOR FLOW, TRANSTHORACIC COMPLETE - To be performed on or around 04/24/2014

3. Diabetes mellitus

250.00: Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled

4. Bifascicular block

426.53: Other bilateral bundle branch block

5. Benign essential hypertension

401.1: Benign essential hypertension

6. Pure hypercholesterolemia

272.0: Pure hypercholesterolemia

Discussion

Discussion Notes

1. IDC: NYHA class II, stable. Check Echo
2. CAD, s/p stent
3. DM2: get FLP report from Dr. Cava
4. CKD
5. HC: check FLP
6. RTO 4 months, with FLP

Return to Office

- to see Pingfeng du, MD for ECHOCARDIOGRAM WITH DOPPLER AND COLOR FLOW, TRANSTHORACIC COMPLETE at PINGFENG DU, MD, INC on or around 04/24/2014
- to see Pingfeng du, MD for ESTABLISHED at PINGFENG DU, MD, INC on or around 08/10/2014

QM

Provider: pdu

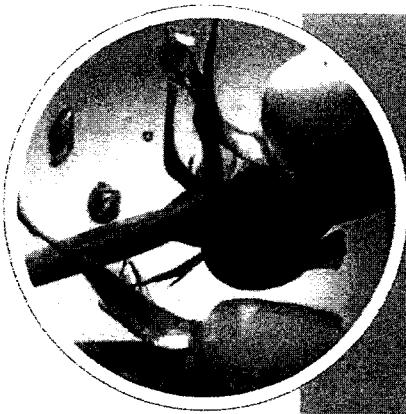
Programs: Cardiac Care Guidelines, MU Medicare - Year 2 - 2014 (Stage 1), PQRS 2014

Last updated 04/10/2014

| Measure | Status |
|------------------------------|------------|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| Antihyperlipidemic Therapy | Satisfied |
| Antiplatelet Therapy | Needs Data |
| Antithrombotic Use | Needs Data |
| Blood Pressure Screening | Satisfied |
| BMI Follow-up (65 and older) | Satisfied |

From Your Daughter

A Perpetual Mother's Day Card and Obituary Tribute to My Mother



I know that raising me
was never easy.

You had your own ideas,
And I had mine.

We had our share of drama
And hurt feelings-

I know sometimes
You had to draw the line...

But, Mama, looking back,
I see your purpose.

You wanted me to grow up
Smart and strong.

And me, I wanted freedom,
independence...

It turns out,

Neither one of us was wrong...

I know we have
our differences between us,
And we may never

see things eye to eye.

But, Mama, through it all,

We've loved each other.

And that means more to me
As years go by.

Love Always, Nita



Larnita Pette <larnita.pette@gmail.com>

See Attachment

Larnita Pette <larnita.pette@gmail.com>
To: bevcalcote@yahoo.com

Mon, Mar 3, 2014 at 10:44 AM

I'm sending you this attachment which outlines my outreach to my mother's PCP and cardiologist over 4 years ago. I'd been working with Dr. Cava since 2006 when I first noticed my mother's irrational rages to refer her to an endocrinologist to get her diabetes under better control.

My mother's mental and emotional state has deteriorated considerably since then. My mother is my only close relative and I am doing what I think is best for her. Whether or not you agree with what I do, I'm living with the situation 24/7, you're not. I know you're doing what you feel is best for your mother. That's all I need to know. I don't need to agree with everything you're doing to help your mother and you don't have to agree with everything I'm doing to help my mother. I know you're doing your best and so am I. Believe me, I've looked at all options and talked to many professionals. My goal is to see my mother and me live the rest of our lives in peace and harmony.

Right now, I feel that by listening to her rants about me, you are enabling her delusions and distortions. I'm

- ☛ asking you again to cut her off when she starts down that path with you by just saying "**I know Nita is doing what she thinks is best for you**" and then change the subject. If she continues to rant, then leave or hang up
- ☛ the phone. Letting her rant only validates, in her mind, her delusions and paranoia. She will get the message that
- ☛ you don't want to talk about or listen to any issues she may have with me. My mother needs professional help. If
- ☛ **she has issues with me, then tell her to talk to a professional about it, not you.** You have enough on your plate with your mother, your kids and your job. All you need to know is that whatever I do to help my mother, I will always have my mother's best interests in my heart.

You and no one else (including me) can help my mother right now. My mother needs professional help. All you're doing, by letting her ramble on, is making it harder for me to get my mother the professional help she needs. My mother is miserable, afraid and is losing control of her cognitive skills. Please, let me help my mother by doing what I've asked of you. Don't be her enabler.

Nita

Subj.doc
40K



Larnita Pette <larnita.pette@gmail.com>

See Attachment

Larnita Pette <larnita.pette@gmail.com>
To: tybudd33@yahoo.com, bevcalcote@yahoo.com

Mon, Mar 3, 2014 at 2:25 PM

I forgot to copy Tyrone on this email. I know that my mother will be trying to talk to both of you.

Nita

----- Forwarded message -----

From: **Larnita Pette** <larnita.pette@gmail.com>
Date: Mon, Mar 3, 2014 at 10:44 AM
Subject: See Attachment
To: bevcalcote@yahoo.com

[Quoted text hidden]

Subj.doc
40K

[Report Abuse](#)

JF

James P. Frederick

Partner at Frederick & Frederick Attorneys at Law

4.9/5.0

11 peer reviews

n/a

no client reviews

Answered on Jan 17th, 2013 at 1:12 PM

There is a four month creditor claims period. While it may be *possible* to distribute assets before then, it is not recommended. If there were creditor claims in excess of the estate funds, then it would be necessary to recover assets from the beneficiaries, which is not easy to do. It is best to wait.

[Report Abuse](#)

JO

Mr. James B. Oberholtzer

Partner at James Oberholtzer, Chartered Attorneys & Counselors at Law

5.0/5.0